



NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)

U.S. PTO
10/805159

03/19/2004

Commissioner for Patents
MAIL STOP: PATENT APPLICATION
P.O. Box 1450
Alexandria, VA 22313

Attorney Docket No. MED-0053C2
First Named Inventor: Basta
Express Mail Label No.: ER493074429US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the **non-provisional** utility patent application entitled:

Catheter Extracting Device

which is:

an ☐ Original; or

a ☒ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP) of co-pending prior Application No. 09/974,116, filed October 9, 2001, now allowed, which is a Divisional application of prior Application No. 09/476,755, filed January 3, 2000 (now U.S. Patent No. 6,342,120, issued January 29, 2002), which is a divisional application of Application No. 09/076,900 filed May 13, 1998 (now U.S. Patent No. 6,033,382, issued March 7, 2000), which is a continuation of Application No. 08/611,927, filed March 6, 1996 (now U.S. Patent No. 5,830,184, issued November 3, 1998).

This non-provisional patent application is based on Provisional Patent Application No. _____, filed _____.

Enclosed are:

☒ Specification (including Abstract) and claims: 31 pages.

☒ Newly executed/~~unexecuted~~ Declaration (copy).

☐ Copy of Declaration from prior application.

☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).

☒ 3 sheets of drawings (formal) plus one copy.

☐ Microfiche computer program (Appendix).

☐ Under PTO-1595 cover sheet, an assignment of the invention.

Assignee:

☐ Certified copy of Application No. _____, filed, is filed:

☐ herewith or ☐ in prior application.

☐ Applicant(s) is/are claiming Small Entity Status under 37 CFR 1.27.

☒ Preliminary Amendment.

☒ Information Disclosure Statement, PTO-1449 (with cited references).

☐ Other:

The filing fee has been calculated as shown below:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$385.00			BASIC FEE: \$770.00	
Total	5-20 =	0	X 9	\$	OR	X 18	\$
Independent	1- 3 =	1	X 43	\$	OR	X 86	\$
Multiple Dependent Claims Present			\$145	\$	OR	\$290	\$
			TOTAL	\$	OR	TOTAL	\$770.00

☒ The Commissioner is hereby authorized to charge filing fees or credit Deposit Account Number: 502434. One additional copy of this sheet is enclosed.

☐ A check for the above-calculated fee of \$ _____.00 is enclosed.

☒ Any additional fees required under 37 C.F.R. §1.16.

☒ Any additional fees required under 37 C.F.R. §1.17.

☒ If the filing of any paper during the prosecution of this application requires an extension of time in order for the paper to be timely filed, applicant(s) hereby petition(s) for the appropriate extension of time pursuant to 37 C.F.R. §1.136(a).

CORRESPONDENCE ADDRESS:

15 MARCH 2004
Date

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